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THE INTERPLAY BETWEEN DIFFERENT FAMILY DYNAMICS AND PSYCHOLOGICAL DISORDERS AMONG COLLEGE AND UNIVERSITY STUDENTS

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Abstract

The current research focused on the role of family structure in family conflicts. It further investigated how family conflicts and meal time with family effect depression anxiety and stress among college and university students. The sample consisted of participants N=300 in the age range of 17 to 25 years .The Depression Anxiety and Stress Scale (DASS) and a family conflict scale was administered on subjects belonging to different family systems to measure the correlation between family conflicts and symptoms of these disorders. Findings revealed that individuals from joint families reported more family conflict in comparison to nuclear families. In addition a significant and positive relationship was observed between family conflicts and psychological disorders, across nuclear and joint family systems. Meal time with family was found to be negative predictor of psychological disorders. These findings highlighted critical role of family dynamics in influencing mental health outcomes and emphasize the need for targeted interventions to improve family relationships and reduce psychological distress.

Key words: family conflicts, Family structure, depression, anxiety, stress.

Introduction

Family mealtime has been recognized as an important element of family life, serving not only as a time for nourishment but also as an opportunity for communication, bonding, and socialization within the family unit (Fiese & Schwartz, 2016). In recent years, scholars have increasingly concentrated on the potential role of mealtime with family on various aspects of family functioning, including conflict resolution and psychological well-being.

This study seeks to explore the intricate relationship between family mealtime, family conflict, and psychological disorders, shedding light on the ways in which shared meals may influence these dynamics.

Family mealtime holds symbolic significance as a time for families to come together, share experiences, and strengthen interpersonal bonds (Fulkerson et al., 2014). During meals, family members have the opportunity to engage in conversations, express emotions, and provide support to one another, fostering a sense of belonging and cohesion within the family (Utter et al., 2018). Furthermore, previous findings revealed that shared meals with family are related with numerous positive outcomes for both children and adults, including better nutritional intake, improved academic performance, and reduced risk of substance abuse (Hammons & Fiese, 2011). Shared meals also offer opportunities for active listening, empathy, and compromise, which are essential skills for managing conflicts constructively (Kuperminc et al., 2012). Consequently, families that regularly engage in mealtime together may experience lower levels of conflict and greater harmony in their relationships (Fiese et al., 2016).

In addition to its influence on family dynamics, family mealtime has been linked to psychological well-being. Previous findings revealed that youngsters who frequently have shared meals with their families exhibit low levels of depressive symptoms, anxiety, and stress (Elgar et al., 2014). Family meals provide a protective environment where individuals can feel supported, valued, and connected to others, which in turn contributes to their psychological resilience (Pettit et al., 2016). Furthermore, the rituals and routines associated with mealtime can enhance feelings of security and predictability, particularly for children and adolescents (Berge et al., 2015).

Family Meal Time

Central to the concept of family mealtime is its role as a platform for communication within the family. Fiese and Schwartz (2016) highlight that shared meals offer opportunities for family members to engage in meaningful conversations, share experiences, and express emotions. During mealtime, families engage in verbal and nonverbal communication, fostering a sense of connection and belonging (Fulkerson et al., 2014). Research suggests that families who frequently eat meals together report high level of communication and closeness (Musick & Meier, 2012). Moreover, family meals provide a structured setting where parents can model communication skills and impart family values to their children (Hammons & Fiese, 2011). One area of interest in the study of family mealtime is its potential role in mitigating family conflict. Shared meals provide an opportunity for family members to address conflicts and disagreements in a supportive environment (Kuperminc et al., 2012). Fiese et al., (2016) argue that the rituals and routines associated with mealtime help regulate

emotions and facilitate the resolution of conflicts. Furthermore, the act of sharing food has symbolic significance, promoting cooperation and reconciliation among family members (Utter et al., 2018). Research suggests that families who regularly eat meals together experience low level of conflict and greater cohesion (Berge et al., 2015). By promoting open communication and understanding, family mealtime serves as a catalyst for conflict resolution and strengthening of the familial relationships.

Beyond its influence on family dynamics, family mealtime has been linked to various psychological outcomes. Elgar et al. (2014) found that adolescents who frequently share meals with their families exhibit lower levels of depressive symptoms, anxiety, and stress. Family meals provide a protective environment where individuals feel supported, valued, and connected to others (Pettit et al., 2016). The sense of belonging and security fostered during mealtime contributes to psychological resilience and well-being (Berge et al., 2015). Furthermore, research suggests that the quality of family interactions during meals, such as warmth and engagement, is associated with better psychological outcomes for both children and adults (Hammons & Fiese, 2011).

Family Conflict

Family conflict is a common phenomenon that arises from disagreements, tensions, or misunderstandings among family members. Conflict within families can manifest in various forms, including verbal arguments, silent treatment, or physical altercations, and it can have significant implications for the overall well-being of family members. This literature review aims to explore the nature of family conflict, its causes and consequences, as well as strategies for its management and resolution.

Family conflict is a complex and multifaceted phenomenon influenced by a variety of factors, including different family dynamics, and external stressors. Conflict can arise from multiple issues, such as differences in values, expectations, or communication styles (Birditt et al., 2019). The intensity and frequency of conflict may vary depending on the nature of the relationship and the specific circumstances involved. Several factors contribute to the occurrence of family conflict, including interpersonal dynamics, external stressors, and developmental transitions. Interpersonal factors, such as personality differences, power imbalances, or unresolved conflicts, can fuel tensions within families (Birditt et al., 2019).

Family conflict can have far-reaching consequences for individuals and families, impacting various domains of functioning, including emotional, relational, and physical well-being. Research suggests that exposure to frequent or intense family conflict is associated with psychological distress, poor self-esteem, and interpersonal difficulties (Cummings et al., 2019). Moreover, prolonged exposure to conflict within families can contribute to a hostile

family climate characterized by resentment, hostility, and emotional withdrawal (Birditt et al., 2019).

Despite its potential challenges, family conflict can be managed and resolved through various strategies aimed at improving communication, understanding, and cooperation among family members. Effective communication skills, such as active listening, assertiveness, and empathy, play a crucial role in reducing misunderstandings and promoting constructive dialogue (Cummings et al., 2019). Moreover, fostering a supportive and nurturing family environment characterized by trust, respect, and emotional validation can buffer against the negative effects of conflict and promote resilience among family members (Birditt et al., 2019).

Psychological Disorders

Depression, anxiety, and stress are the most commonly diagnosed psychological disorders globally. World Health Organization (WHO), declared depression as the most leading factor towards disability throughout the world (WHO, 2022). Anxiety disorders have an estimated global prevalence of around 3.8% (Baxter et al., 2013). Similarly, stress-related disorders, affect a significant portion of the population, particularly individuals exposed to traumatic events (Kessler et al., 2005). Such a prevalence of these disorders gives raise to the urgent need for effective prevention and treatment strategies.

Depression, anxiety, and stress have profound implications for individuals' psychological, social, and physical well-being. These disorders are related with many negative outcomes, such as impairment in social functioning, bad quality of life, and a high risk of suicide (Hawton et al., 2013). Individuals with depression often experience persistent sadness, no interest or feeling of pleasure in any activity, a sense of worthlessness or guilt (American Psychiatric Association, 2013). Excessive worry, apprehension, and avoidance that interfere with daily life functioning are the typical symptoms of anxiety (Bandelow et al., 2015). Stress-related disorders, such as PTSD, can lead to intrusive memories, high arousal, and avoidance of any stimulus related to trauma (American Psychiatric Association, 2013). Moreover, these disorders are associated with numerous health problems e.g heart problems, chronic pain and diabetes (Scott et al., 2017).

Literature Review

Family Meal Times and Family Conflicts

Berge et al., (2016) found that regular family meals were associated with fewer family conflicts and better mental health outcomes among adolescents. These meals provide an opportunity for family members to communicate, share their experiences, and support each

other, which strengthens family bonds (Berge et al., 2016). Loth et al., (2015) highlighted that family meals reduce family stress and conflicts by promoting better communication and stronger family bonds. The structured environment of a shared meal allows family members to engage in positive interactions, reducing overall tension (Loth et al., 2015).

Fulkerson et al., (2017) noted that families who regularly share meals report lower levels of familial tension and conflict, underscoring the importance of this practice for family harmony. These findings were supported by Skeer et al., (2018), who also found that regular family meals were associated with better family functioning (Fulkerson et al., 2018). Utter et al., (2018) explored the protective role of family meals against family conflicts, especially in low-income households. These meals act as a stabilizing factor, providing consistency and routine that help mitigate stressors associated with financial difficulties (Utter et al., 2018). Elgar et al., (2018) demonstrated that regular family meals were linked to lower rates of conflict and better emotional health in children. The routine of shared meals fosters a sense of security and emotional stability, which reduces conflicts (Elgar et al., 2018).

Offer (2016) found that family meal times could mitigate the negative impacts of parental conflict on children by providing a structured environment for positive interactions. This structured time allows for the resolution of issues in a calm and supportive setting. Neumark-Sztainer et al., (2018) explored the longitudinal effects of family meals, concluding that consistent family meals were associated with reduced family conflicts over time. The long-term benefits of regular family meals include sustained improvements in family relationships (Neumark-Sztainer et al., 2018). Berge et al., (2018) reported that family meals served as a buffer against family conflicts and promoted healthier relationships within the family unit. Families who prioritize meal times experience fewer conflicts and better overall family functioning (Berge, Trofholz et al., 2018). Fulkerson et al., (2019) highlighted that family meals were associated with better communication and fewer conflicts among family members. This is crucial for adolescent development and family cohesion (Fulkerson et al., 2019). Meier and Musick (2015) found that shared meal times helped reduce conflicts by fostering a sense of togetherness and shared responsibility. This shared time is essential for building a cohesive family unit (Meier & Musick, 2015).

Meal Time and Psychological Disorders (Depression, Anxiety, Stress)

Family meal time has been considered as an important factor in fostering mental health. Recent research has focused on how regular family meals can mitigate different psychological disorders. This literature review synthesizes findings from multiple studies, highlighting the relationship between family meal times and psychological well-being. Fulkerson et al., (2017) found that adolescents who participated in regular family meals

reported fewer depressive symptoms. The structured environment and emotional support during family meals provide a buffer against depression (Fulkerson et al., 2017).

Berge et al., (2016) showed that mealtime with family was correlated with low levels of anxiety among adolescents. The routine of sharing meals fosters a sense of stability and security, which helps reduce anxiety (Berge et al., 2016). Hammons and Fiese (2015) highlighted that family meals contribute to stress reduction in both parents and children. The predictability and social interaction during meal times act as stress relievers, promoting overall mental well-being (Hammons & Fiese, 2015).

Goldfarb et al., (2015) found that children who regularly engaged in shared family meals exhibited better emotional regulation skills, which are crucial for managing stress and anxiety. The supportive family environment during meals helps children develop healthier coping mechanisms (Goldfarb et al., 2015). Neumark-Sztainer et al., (2018) noted that regular family meals were protective against substance abuse, which is often linked to psychological disorders. The emotional support and monitoring during meal times help in preventing behaviors that contribute to depression and anxiety (Neumark-Sztainer et al., 2018). Skeer et al., (2018) demonstrated that regular family meals are correlated with improvements in overall mental health. Adolescents having shared meals with families show fewer symptoms of psychological disorders and better emotional health (Skeer et al., 2018). Utter et al., (2018) found that family meals enhance social connectedness, which is a critical factor in reducing feelings of loneliness and depression. The sense of belonging and support during meals contributes to better mental health outcomes (Utter, Denny, Grant, Robinson, Fleming, & Ameratunga, 2018). Berge et al., (2018) reported that meals with family on regular basis lower the risk of eating disorders, which are often comorbid with depression and anxiety. The positive family interactions during meals promote healthier eating habits and body image (Berge et al., 2018).

Offer (2016) emphasized that family meals provide essential support during critical periods of adolescent development, reducing the risk of developing psychological disorders. The consistent interaction and monitoring by parents during meals help adolescents navigate stress and anxiety (Offer, 2016). Elgar et al., (2018) highlighted that family meals act as a buffer against family stress, which can exacerbate psychological disorders. The supportive environment during meals helps in managing and reducing stress levels within the family (Elgar et al., 2018).

Rationale

The high prevalence of psychological disorders such as anxiety, stress, and depression in modern society necessitates a deeper understanding of contributing factors and potential mitigating practices. Family dynamics are integral to individual psychological well-being,

and family meal times represent a unique and underexplored context where these dynamics are played out. By investigating the impact of family meal times on family conflicts and psychological disorders, this study aims to uncover vital insights that could inform both familial practices and broader mental health interventions. This research is particularly timely given the fast-paced nature of contemporary life, which often undermines traditional family practices such as shared meals, potentially exacerbating familial stress and psychological issues.

Family meal times have historically been a cornerstone of familial bonding and communication, offering a structured setting for members to connect, share experiences, and resolve conflicts. Despite the known benefits of family meals in areas such as dietary habits and academic performance, their direct impact on family conflicts and psychological health remains under-researched. Understanding this relationship is crucial because conflicts within the family are a significant source of stress and can lead to or worsen psychological disorders. By exploring how the frequency and quality of family meals correlate with family conflicts and mental health outcomes, this study seeks to provide evidence-based recommendations that can enhance family cohesion and psychological resilience.

This study is also significant from a socio-cultural perspective. Family meals are not merely nutritional events but also cultural rituals that reflect and reinforce societal norms and values. In diverse family structures and varying socio-economic contexts, the practice of sharing meals can differ widely, influencing its impact on family dynamics and mental health. By including a diverse sample in terms of socio-economic status, family composition, and cultural background, this research aims to capture a broad spectrum of experiences and identify key mediating factors that influence the relationship between family meal times and psychological well-being. The findings from this study could inform policy recommendations and family intervention programs, promoting practices that foster better mental health and stronger family bonds across different social contexts.

Objectives

1. To find out the role of family system in family conflicts among college and university students.
2. To investigate the impact of family conflicts on psychological disorders in nuclear and joint family systems.
3. To explore the impact of family meal time on psychological disorders in nuclear and joint family systems.

Hypotheses

- 1) Family conflicts will be higher among individual of joint families as compared to nuclear family system.
- 2) Family conflicts will be the predictor of psychological disorders both in nuclear and joint family systems.
- 3) Greater the frequency of meal time with family lower will be the chances of psychological disorders across family systems.

Method

Sample

The total sample of research study was comprised of 300 subjects (N=300). The Age range of the sample was between 17 to 25 years. The sample was selected from different colleges, university and hostels student from the region of Peshawar, Pakistan. Data was collected through convenient sampling method. Minimum education of the sample was intermediate and bachelors.

Instruments

Demographic Information sheet

Demographic sheet was used in this study consisted of name, age, education, socioeconomic status, total number of siblings, Birth order, marital status, family structure, parent status and meal time with family

Depression Anxiety Stress Scale (DASS-21)

The Depression Anxiety Stress Scale (DASS-21) is a psychological assessment tool developed by Lovibond S.H and Lovibond P.F (1995) at the University of New South Wales, Australia. This scale is specifically designed to measure three distinct negative emotional states depression, anxiety, and stress, making it a crucial instrument for both clinical practice and research. The DASS-21 has 21 items, having three subscales, each has seven items. Participants respond to each item using a 4-point Likert-type scale, indicating the extent to which each statement applied to them over the past week. Current study used total score for depression anxiety and stress to be correlated with family conflict and family meal time.

Family Conflict Scale

The Family Conflict Scale used in this study was developed by Fischer and Cocran in

2007. This scale measures the frequency and intensity of conflicts within family settings, covering both verbal disagreements and physical aggression. The scale consists of 14 items that assess how often specific conflict behaviors occur among family members. The items of this scale used a 6-point Likert-type scale, where responses ranged from 0 (Never) to 5 (More than once a month). This scale does not have distinct subscales; rather, it provides a comprehensive evaluation of family conflict through a variety of conflict behaviors. Specific studies using the Family Conflict Scale may report different Cronbach's alpha values, the developers reported reliability in the range of $\alpha = 0.78$ to 0.84 .

Procedure

The procedure for this study was carefully designed to collect data from university and college students while maintaining strict adherence to ethical guidelines. The first step involved identifying the target population, which consisted of students aged 17 to 25 from various educational institutions in Peshawar, Khyber Pakhtunkhwa, Pakistan. The administrations of several colleges and universities were contracted to seek formal approval for data collection. A letter was submitted to each institution outlining the objectives of the research, its significance, and the data collection methods. After securing approval from the relevant authorities, participants from these institutions using the Convenience Sampling Technique were recruited. This sampling method allowed us to access a diverse and representative sample, including 105 participants from nuclear families and 195 participants from joint families, for a total sample size of 300.

To collect data, we utilized two primary instruments: the Depression Anxiety Stress Scale (DASS-21) and the Family Conflict Scale. The DASS-21 was employed to assess psychological disorders such as depression, anxiety, and stress, while the Family Conflict Scale measured the extent of family conflicts, including verbal and physical aggression. The questionnaires were administered to participants in either paper or digital format, depending on the preferences of the respective institutions and the availability of students. Clear instructions were provided, ensuring that participants understood how to complete the scales accurately. In compliance with ethical standards, all participants were provided with detailed information regarding the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time without penalty. An informed consent form was distributed to each participant, explaining that their responses would remain confidential and anonymous. To safeguard participants' privacy, codes were used instead of names or identifying information. The procedure involved the systematic recruitment of participants, the careful administration of the DASS-21 and Family Conflict Scale, and the strict adherence to ethical guidelines. These measures ensured the collection of reliable and valid.

Results

Table 1

Socio-Demographics Characteristics (N= 300)

	Variables	N	%
Age	16-20	56	18.7
	21-26	244	81.3
Gender	male	204	68
	Female	96	32
Education	FSc	12	4
	BS/ MBBS	283	94.3
	MS	5	1.7
Socio-Economic-Status	Upper	17	5.7
	Middle	273	91
	Lower	10	3.3
Marital status	Married	51	17
	Unmarried	249	83
Family structure	Nuclear family	105	35
	Joint family	195	65
Meal time with family	No meal	20	6.6
	Once monthly	28	9.3
	Once weekly	52	17.3
	Once daily	88	29.7
	Twice daily	89	29.7
	Thrice daily	23	7.7

Table 2

Psychometric Properties of Scales of the study (N=300)

Variables	M	SD	Range	α
Family Conflict Scale	1.84	14.11	1-55	.91
DASS	1.10	10.65	2-49	.89

Note: DASS= Depression, Anxiety and Stress Scale

Table 3

Mean Differences, Standard Deviation and t-value of Nuclear and Joint family Systems on Family Conflicts Scale

	Nuclear n=105		Joint n=195		t (149)	p	CI (95%)	
	Mean	SD	Mean	SD			LL	UL
FCS	22.88	11.72	27.35	15.04	-2.64	.001	-7.80	-1.14

Note: FCS= Family Conflict Scale

Table 3 shows mean difference between nuclear and joint family systems on the level of family conflicts. Mean is 22.88 and standard deviation is 11.72 for nuclear family systems. Similarly mean and standard deviation for joint family system is 27.35 and 15.04 respectively. t value is -2.64 .

Table 4

Descriptive statistics and correlation for study Variables of Family conflict with Family meal time in nuclear Families (N=105)

Variables	M	SD	FCS	FMT
FCS	22.88	11.72	1	
FMT	2.96	1.74	-0.63	1

*NOTE: *=p<.05, **=p<.01 & ***=p<.001. FCS= Family Conflict Scale, FMT= Family Meal Time*

The descriptive statistics and correlation between family conflict and family meal time in nuclear families (N = 105) are shown in table 4. The results indicated that the average score on the Family Conflict Scale (FCS) was M = 22.88, with a standard deviation (SD) of 11.72, suggesting a moderately high level of family conflict with considerable variability across participants. The mean score for family meal time (FMT) was M = 2.96 (SD = 1.74), indicating that nuclear families, on average, reported a moderate frequency of shared meals, with some variability in this behavior.

Table 5

Descriptive statistics and correlation for study Variables of Family Meal Time with Family conflicts in Joint Families (N=195)

Variables	M	SD	FCS	FMT
FCS	27.35	15.04	1	
FMT	3.64	1.43	0.16	1

*NOTE: *= $p < .05$, **= $p < .01$ & ***= $p < .001$. FCS= Family Conflict Scale, FMT= Family Meal Time*

The descriptive statistics and correlation for family conflict and family meal time in joint families (N = 195) were examined. The results show that the average score on the Family Conflict Scale (FCS) was M = 27.35, with a standard deviation (SD) of 15.04. This indicates that joint families tend to experience higher levels of family conflict compared to nuclear families. Additionally, the variability in conflict levels was relatively large, suggesting considerable differences in conflict intensity across joint family households. The average score for Family Meal Time (FMT) was M = 3.64 (SD = 1.43), indicating that joint families have more frequent meal times than nuclear families, with moderate variability in how often these meals occur.

Table 6

Simple Regression Analysis showing Family Conflict (FCS) Predicting Depression, Anxiety and Stress (DASS) (N=300)

Variables	Nuclear=105			Joint=195		
	B	SE	β	B	SE	β
Constant	15.48**	1.92		12.60***	1.35	
FCS	0.24**	0.07	0.30	0.43***	0.04	0.58
R ²	0.09**			0.33***		
ΔR^2	0.09			0.33		

*Note: FCS=Family Conflict Scale, *= $p < .05$, **= $p < .01$ & ***= $p < .001$.*

A simple regression analysis reveals that family conflict (FCS) predicts psychological disorders, $B=15.48$ is significant at $p<.01$. The model accounted for 9 % of the variance in psychological disorders due to family conflicts for nuclear families. For joint families also family conflict predicts psychological disorders, $B= 0.34$ is significant at $p<.001$.The model account for 33% variance in psychological disorders for joint families. These results suggest that increased levels of family conflict are associated with higher levels of psychological disorders.

Table 7

Simple Regression Analysis showing Meal Time With Family (MTWF), Predicting Depression, Anxiety and Stress (DASS) (N=300)

Variables	Nuclear=105			Joint=195		
	B	SE	β	B	SE	β
Constant	21.62***	2.17		25.16***	2.38	
MTWF	-.18	0.64	-.02	-.23	0.66	-.02
R ²	0.02			0.02		
ΔR^2	0.00			0.00		

*Note: MTWF=Meal Time With Family, *= $p<.05$, **= $p<.01$ & ***= $p<.001$.*

A simple regression analysis reveals that meal time with family (MTWF) negatively predicts psychological disorders, $B=15.48$ is not significant. The model accounted for 2% of the variance in psychological disorders due meal time with family. For joint families also family conflict negatively predicts psychological disorders but is not significant .The model accounted for 2% variance in psychological disorders for joint families. These results suggest that meal time with family is negatively associated with psychological disorders.

Discussion

The present research investigated the relationship of family meal time and family conflict with psychological disorders among university and college students. The findings provide significant insights into how family dynamics can affect mental health outcomes, particularly in young adults. The study established that high level of family conflict was positively associated with increased psychological distress, measured through the Depression, Anxiety, and Stress Scale (DASS). These findings corroborate existing literature that highlights the negative impact of family conflict on psychological well-being (Amato, 2000; Rhoades & Shiple, 2015). The results indicated a robust positive correlation between family conflict and psychological distress, with family conflict emerging as a significant predictor of depression, anxiety, and stress. Specifically, the regression analysis revealed that family conflict accounted for 9% of the variance in psychological distress scores for nuclear families and 33% of variance for joint families. This aligns with prior research that emphasizes the importance of familial relationships in shaping individual mental health outcomes (Fomby & Cherlin, 2007; Van der Meer et al., 2018). These findings suggest that individuals from high-conflict families may experience heightened psychological distress, reinforcing the need for interventions aimed at improving family dynamics.

An intriguing aspect of this study was the observed differences in family conflict and meal times between nuclear and joint families. Participants from joint families reported higher levels of family conflict compared to those from nuclear families. This may be attributable to the increased interactions and complexities inherent in joint family systems, where multiple generations and personalities coexist. Although joint families offer opportunities for support and resource sharing, they can also create an environment ripe for conflict (Rosenblatt & Berman, 2012). Interestingly, while joint families reported more frequent family meals, this did not appear to mitigate the impact of family conflict on psychological distress. This finding challenges the notion that shared meal times alone can enhance family cohesion and reduce conflict. It highlights the importance of the quality of interactions during these meal times, as simply gathering for meals may not suffice in promoting positive family dynamics (Fiese et al., 2002). Future research could explore the family interactions during meal times to better understand their impact on mental health.

Despite the higher frequency of family meals reported by joint families, the study revealed that nuclear families still maintained a moderate frequency of shared meals. This suggests that family meal times serve as a potential avenue for fostering communication and connection, regardless of family structure. The benefits of shared meals are well-documented, as they provide opportunities for family members to engage in meaningful conversations, develop stronger relationships, and establish a sense of belonging (Neumark-Sztainer et al., 2003).

However, the findings of this study indicate that the mere act of having meals together is insufficient to counteract the effects of family conflict. Instead, it emphasizes the need for families to prioritize not only the frequency of shared meals but also the quality of the interactions during these times. As we can see from the current results that meal time with family is a negative predictor of psychological distress both in nuclear and joint families. Promoting positive communication, active listening, and conflict resolution strategies during family meals could significantly improve family dynamics and, consequently, the psychological well-being of family members.

The prevalence of psychological distress among young adults is a pressing concern in contemporary society. The study's findings revealed moderate levels of depression ($M = 6.91$), anxiety ($M = 8.32$), and stress ($M = 7.97$) among participants, indicating that mental health issues are prevalent in this demographic. The significant correlations between family conflict and these forms of psychological distress highlight the critical role that family relationships play in shaping young adults' mental health outcomes. Given the significant life transitions that occur during young adulthood, including increased academic pressures, career decisions, and evolving personal relationships, it is essential to recognize how family dynamics can exacerbate or alleviate psychological distress during this pivotal period (Arnett, 2000). Addressing family conflict and fostering supportive familial relationships may serve as protective factors against mental health challenges in this age group.

Limitations

Cross-Sectional Design: Since the current study is cross-sectional, it limits the ability to establish causal relationships between family conflict, meal times, and psychological disorders in long term.

Sample Composition: The study is focused only on college and university students aged 17 to 25, which may limit the generalizability of these results to age groups or people outside of academic settings.

Cultural and Socioeconomic Factors: The study may not account for the influence of cultural or socioeconomic factors that could affect family dynamics, meal times, and psychological well-being, potentially impacting the external validity of the results.

Measurement Limitations: While the DASS scale is widely used, it may not capture the full complexity of psychological disorders. Family conflicts are also multidimensional, and measuring them with limited questions may not provide a comprehensive view.

Family Systems Generalization: The study differentiates between joint and nuclear families, but the definitions of these family systems might vary culturally or regionally. This could affect the accuracy of the comparison between the two groups.

Focus on Family Meal Time: While family meal time is an important variable, other potentially influential factors like the type of discussions at mealtime, frequency, and timing of meals are not deeply explored, which could further explain mental health outcomes.

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